

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 57931.US/2310.0

First Named Inventor Brett R. Burdick

Title FENCE SPACER

Express Mail Label No. EV 327 363 316 US

PTO  
64591622141 U.S. PTO  
10 08/21/03**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

**ADDRESS TO:** Commissioner for Patents  
Mail Stop PATENT APPLICATION  
P.O. Box 1450  
Alexandria, VA 22313-1450

1	<input checked="" type="checkbox"/>	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)
2	<input checked="" type="checkbox"/>	Applicant claims small entity status
3	<input checked="" type="checkbox"/>	Specification [Total Pages 18]
4	<input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C 113) [Total Sheets 7]
5	Oath or Declaration [Total Pages 2]	
a.	<input checked="" type="checkbox"/>	Newly executed (original or copy)
b.	<input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d))
i.	<input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6	<input type="checkbox"/>	Application Data Sheet. See 37 C.F.R. 1.76
7	<input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
a.	<input type="checkbox"/>	Computer Readable Form (CRF)
b.	Specification Sequence Listing on:	
i.	<input type="checkbox"/>	CD-ROM or CD-R (2 copies); or
ii.	<input type="checkbox"/>	paper
c.	<input type="checkbox"/>	Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9	<input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))		
10	<input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/>	Power of Attorney
11	<input type="checkbox"/>	English Translation Document (if applicable)		
12	<input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/>	Copies of IDS Citations
13	<input type="checkbox"/>	Preliminary Amendment		
14	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
15	<input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)		
16	<input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent		
17	<input type="checkbox"/>	Other:		

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment: Continuation  Divisional  Continuation-in-part (CIP) of prior application No.:

Prior application information: Examiner

Group / Art Unit:

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

Customer No. 000408 or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or Correspondence address below
Name	LUEDEKA, NEELY & GRAHAM, P.C.		
Address	P.O. Box 1871		
City	Knoxville	State	Tennessee
Country	U.S.	Telephone	865-546-4305
Fax	865-523-4478		

Name (Print/Type)	Robert O. Fox	Registration No. (Attorney)	34,165
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Signature		Date	August 21, 2003
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01576  
U.S. PTO  
08/21/03

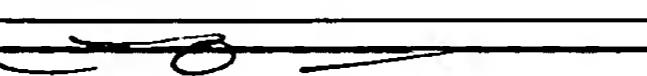
# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete If Known

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> <b>415.00</b>	Attorney Docket No.	57931.US/2310.0
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METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			3. ADDITIONAL FEES			
Deposit Account No. <b>12-2355</b> Deposit Account Name: <b>LUEDEKA, NEELY &amp; GRAHAM</b>				<u>Large Entity</u>	<u>Small Entity</u>	Fee Description	
<input checked="" type="checkbox"/>	Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17.			Fee Code	Fee (\$)	Fee Code	Fee (\$)
2. <input checked="" type="checkbox"/>	Payment Enclosed: <b>Check No. 48988</b>			105	130	205	65
FEE CALCULATION							
1. BASIC FILING FEE							
<u>Large Entity</u>		<u>Small Entity</u>					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
101	750	201	375	Utility filing fee	375.		
106	330	206	165	Design filing fee			
107	520	207	260	Plant filing fee			
108	750	208	375	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		375.			
2. EXTRA CLAIM FEES							
Total Claims		14 - 20** = 0		X 0 = 0	Fee Paid		
Independent Claims		3 - 3** = 0		X 0 = 0			
Multiple Dependent Claims **or number previously paid, if greater.		X		=			
<u>Large Entity</u>		<u>Small Entity</u>					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim			
SUBTOTAL (2)		(\$)		0			
Other fee (specify)							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$ 40.)							

SUBMITTED BY		
Typed or Printed Name	Robert O. Fox	Registration No. 34,165
Signature		Date August 21, 2003